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CONFIRMATION NO. 6180

|                             |                                            |              |                        |                                        |
|-----------------------------|--------------------------------------------|--------------|------------------------|----------------------------------------|
| SERIAL NUMBER<br>08/947,668 | FILING DATE<br>10/09/1997<br><br>RULE 1.60 | CLASS<br>623 | GROUP ART UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>534128-002-C |
|-----------------------------|--------------------------------------------|--------------|------------------------|----------------------------------------|

APPLICANTS

TRACEY C. SLEMKER, BROOKVILLE, OH;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/516,557 08/18/1995 PAT 5,702,489

*OK - OK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*OK - NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/12/1998

|                                                             |                                                                                                                                                                                                                         |                           |                        |                       |                            |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br><i>Allowance</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>5 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

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TITLE

VALVE ASSEMBLY FOR A PROSTHETIC LIMB

|                                    |                                                                                                                   |                                                                                                                                                                                                      |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE<br><br>RECEIVED<br>1002 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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